

RCE



PTO/SB/30 (04-05)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p style="text-align: center;">Request For Continued Examination (RCE) Transmittal</p> <p>Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	Application Number	09/699,163
	Filing Date	October 27, 2000
	First Named Inventor	Michael J. FREEMAN
	Art Unit	2611
	Examiner Name	K. O. T. Bui
	Attorney Docket Number	559442000113

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

<p>1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).</p>	
<p>a. <input type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.</p> <p>i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____</p> <p>ii. <input type="checkbox"/> Other _____</p>	
<p>b. <input checked="" type="checkbox"/> Enclosed</p> <p>i. <input checked="" type="checkbox"/> Amendment/Reply iii. <input type="checkbox"/> Information Disclosure Statement (IDS)</p> <p>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iv. <input type="checkbox"/> Other _____</p>	
<p>2. Miscellaneous</p> <p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)</p> <p>b. <input type="checkbox"/> Other _____</p>	
<p>3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.</p> <p>a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. <u>03-1952</u> <input type="checkbox"/> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p>i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)</p> <p>ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)</p> <p>iii. <input type="checkbox"/> Other _____</p> <p>b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed</p> <p>c. <input type="checkbox"/> Payment by credit card (Form PTO-2088 enclosed)</p>	

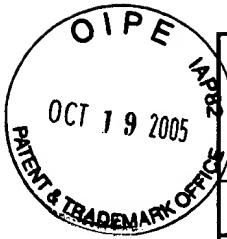
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature		Date	October 19, 2005
Name (Print/Type)	Jonathan Bockman	Registration No.	45,640

10/20/2005 SZEWDIE1 00000132 031952 09699163

01 FC:1801 790.00 DA

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
Fee TRANSMITTAL For FY 2005		Application Number	09/699,163
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	October 27, 2000
TOTAL AMOUNT OF PAYMENT (\$ 790.00)		First Named Inventor	Michael J. FREEMAN
		Examiner Name	K. O. T. Bui
		Art Unit	2611
		Attorney Docket No.	559442000113

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION																					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																					
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES																
		Small Entity		Small Entity		Small Entity															
	Utility	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee Paid (\$)														
	Design	300	150	500	250	200	100														
	Plant	200	100	100	50	130	65														
	Reissue	200	100	300	150	160	80														
Provisional	200	100	0	0	0	0															
2. EXCESS CLAIM FEES																					
Fee Description																					
Each claim over 20 (including Reissues) <input type="checkbox"/> Fee (\$)																					
Each independent claim over 3 (including Reissues) <input type="checkbox"/> Fee (\$)																					
Multiple dependent claims <input type="checkbox"/> Fee (\$)																					
<table border="1"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>_____</td> <td>- 20 = _____</td> <td>_____ x _____ = _____</td> <td></td> </tr> </table>				Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____	- 20 = _____	_____ x _____ = _____		<table border="1"> <tr> <td colspan="2">Multiple Dependent Claims</td> </tr> <tr> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>				Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)	_____	_____
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																		
_____	- 20 = _____	_____ x _____ = _____																			
Multiple Dependent Claims																					
Fee (\$)	Fee Paid (\$)																				
_____	_____																				
<table border="1"> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>_____</td> <td>- 3 = _____</td> <td>_____ x _____ = _____</td> <td></td> </tr> </table>				Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____	- 3 = _____	_____ x _____ = _____											
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																		
_____	- 3 = _____	_____ x _____ = _____																			
3. APPLICATION SIZE FEE																					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																					
<table border="1"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or fraction thereof</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>_____</td> <td>- 100 = _____</td> <td>/50 _____ (round up to a whole number) x _____ = _____</td> <td></td> <td></td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____	- 100 = _____	/50 _____ (round up to a whole number) x _____ = _____						
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																	
_____	- 100 = _____	/50 _____ (round up to a whole number) x _____ = _____																			
4. OTHER FEE(S)																					
Non-English Specification, \$130 fee (no small entity discount)																					
Other (e.g., late filing surcharge) <input checked="" type="checkbox"/> 1801 Request for continued examination (RCE) (see 37 ... 790.00)																					

SUBMITTED BY				
Signature		Registration No. (Attorney/Agent)	45,640	Telephone (703) 760-7769
Name (Print/Type)		Date October 19, 2005		